

10/086010

APPLICATION AS FILED - PAGE 1
(Column 1) (C)

Journal of Business Ethics 100, 25–40, 2011. © Springer Science+Business Media B.V. 2011

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APPLICATION AS AMENDED – PART III

10/1/04

	(Column 1)	(Column 2)	(Column 3)	
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(j))	39	Minus ..	47
	Independent (37 CFR 1.16(h))	5	Minus ...	7
Application Size Fee (37 CFR 1.16(s))				
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))				

**OTHER THAN
SMALL ENTITY**

RATE (\$)	ADDITIONAL FEE (\$)
X	
X	
N/A	
TOTAL ADD'L FEE	

	(Column 1)	(Column 2)	(Column 3)
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
Total (37 CFR 1.16(l))	*	Minus	**
Independent (37 CFR 1.16(h))	*	Minus	***
Application Size Fee (37 CFR 1.16(s))			
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIMS (37 CFR 1.16(p))			

RATE (\$)	ADDITIONAL FEE (\$)
X	=
X	=
TOTAL ADD'L FEE	

RATE (\$)	ADDITIONAL FEE (\$)
X =	
X n	
TOTAL ADD'L FEE	

- If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

If the highest number previously paid for in this space is less than 20, enter "20".

If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The 'Highest Number Previously Paid For' (Total or Independent) is the highest number

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS: SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2.

10/086010

APPLICATION AS FILED - PART I					OTHER THAN SMALL ENTITY	
	(Column 1)	(Column 2)		SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
FOR	NUMBER FILED	NUMBER EXTRA		RATE (\$)	Fee (\$)	RATE (\$)
BASIC FEE (37 CFR 1.16(a), (b), or (c))	N/A	N/A		N/A		N/A
SEARCH FEE (37 CFR 1.16(k), (l), or (m))	N/A	N/A		N/A		N/A
EXAMINATION FEE (37 CFR 1.16(o), (p), or (q))	N/A	N/A		N/A		N/A
TOTAL CLAIMS (37 CFR 1.16(s))	47			N/A		N/A
INDEPENDENT (37 CFR 1.16(s))	7	minus 3		N/A		N/A
APPLICATION SIZE FEE (37 CFR 1.16(s))	If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).			N/A		N/A
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))					N/A	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.					N/A	
					N/A	
APPLICATION AS AMENDED - PART II					OTHER THAN SMALL ENTITY	
1/15/04	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	47	Minus	47	=	X	=
Independent (37 CFR 1.16(h))	7	Minus	7	=	X	=
Application Size Fee (37 CFR 1.16(s))					N/A	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					TOTAL ADD'L FEE	
6/16/04	(Column 1)	(Column 2)	(Column 3)	SMALL ENTITY	OR	OTHER THAN SMALL ENTITY
AMENDMENT	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE (\$)	ADDITIONAL FEE (\$)
Total (37 CFR 1.16(i))	33	Minus	47	=	X	=
Independent (37 CFR 1.16(h))	6	Minus	7	=	X	=
Application Size Fee (37 CFR 1.16(s))					N/A	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))					TOTAL ADD'L FEE	

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".
*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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